BLACK&DECKER

Hardware & Home Improvement Group

19701 DaVinci Lake Forest, CA 92610
p 949.672.4000 f 949.672.4001
www.bdhhi.com

July 1, 2005

Attn: Sumaira Noreen
Los Angeles Regional Water Quality Control Board
320 W. 4th Street, Suite 200
Los Angeles, CA 90013

Re: Annual Storm Water Report for 2004-2005, Facility WDID No.: 4 19S002357

Dear Sumaira Noreen:

Attached you will find the Annual Storm Water Report for the year 2004-2005 for the former Price Pfister facility located at 13500 Paxton Street, Pacoima, CA 91331-2371. Please note that there has been no industrial activity at the site this past report year. During the past year the only operations at the site have been the demolition of all but three of the site buildings and remedial soil excavation. This work has been conducted in preparation for redevelopment of the site by the current property owner. Site remediation is being conducted with oversight of the Los Angeles Regional Water Quality Control Board, Los Angeles Region.

The facility is currently operating under the General Permit to Discharge Storm Water Associated with Construction Activity (WDID# 4 19C327287). Stormwater was managed at the site in accordance with a site-specific Stormwater Pollution Prevention Plan. Please direct any and all correspondence to my attention at the address and phone number listed below.

Sincerely,

Kenny Horn
Environmental, Health & Safety Manager
Black & Decker, HHI
19701 Da Vinci
Lake Forest, CA 92610
(949) 672-4085 office
(949) 672-4845 fax
kenny.horn@bdhhi.com

Enclosures
1. Annual Storm Water Report for 2004-2005
2. Explanation of each "NO" answer and other comments for the 2004-2005 Annual Stormwater Report

STATE OF CALIFORNIA
STATE WATER RESOURCES CONTROL BOARD
2004-2005 ANNUAL REPORT
FOR STORM WATER DISCHARGES ASSOCIATED
WITH INDUSTRIAL ACTIVITIES

Reporting Period July 1, 2004 through June 30, 2005

An Annual Report is required to be submitted to your local Regional Water Quality Control Board (Regional Board) by July 1 of each year. This document must be certified and signed, under penalty of perjury, by the appropriate official of your company. Many of the Annual Report questions require an explanation. Please provide explanations on a separate sheet as an attachment. **Retain a copy of the completed Annual Report for your records.**

Please circle or highlight any information contained in Items A, B, and C below that is new or revised so we can update our records. Please remember that a Notice of Termination and new Notice of Intent are required whenever a facility operation is relocated or changes ownership.

If you have any questions, please contact your Regional Board Industrial Storm Water Permit Contact. The names, telephone numbers, and e-mail addresses of the Regional Board contacts, as well as the Regional Board Offices addresses are indicated below.

REGIONAL BOARD INFORMATION:

Los Angeles Region
320 W.4th Street, Ste.200
Los Angeles, CA 90013

Contact: Sumaira Noreen
Tel: (213) 620-6363
Email: kchung@waterboards.ca.gov

GENERAL INFORMATION

A. Facility Information:

Price Pfister
13500 Paxton St
Pacoima, CA 91331
WDID No: 4 19I002357

Contact: Kenny Hom
Email:
Tel: (949) 672-4085

SIC Code(s):
3432 Plumbing Fixture Fittings and Trim

B. Facility Operator Information:

Price Pfister
13500 Paxton St
Pacoima, CA 91331

Contact: Kenny Hom
Email: Kenny.hom @ bdhhi.com
Tel: (949) 672-4085

C. Facility Billing Information:

Price Pfister
19701 Da Vinci
Foothill Ranch, CA 92610

Contact: Accounts Payable / Kenny Hom
Email:
Tel:

2004-2005

ANNUAL REPORT

SPECIFIC INFORMATION

MONITORING AND REPORTING PROGRAM

D. SAMPLING AND ANALYSIS EXEMPTIONS AND REDUCTIONS

1. For the reporting period, was your facility exempt from collecting and analyzing samples from **two** storm events in accordance with sections B.12 or 15 of the General Permit?

☐ YES Go to Item D.2 ☒ NO Go to Section E

2. Indicate the reason your facility is exempt from collecting and analyzing samples from **two** storm events. Attach a copy of the first page of the appropriate certification if you check boxes ii, iii, iv, or v.

i. ☐ Participating in an Approved Group Monitoring Plan **Group Name:** _____

_____

ii. ☐ Submitted **No Exposure Certification (NEC)** Date Submitted: _____

Re-evaluation Date: _____

Does facility continue to satisfy NEC conditions? ☐ YES ☐ NO

iii. ☐ Submitted **Sampling Reduction Certification (SRC)** Date Submitted: _____

Re-evaluation Date: _____

Does facility continue to satisfy SRC conditions? ☐ YES ☐ NO

iv. ☐ Received Regional Board Certification Certification Date: _____

v. ☐ Received Local Agency Certification Cetification Date: _____

3. If you checked boxes i or iii above, were you scheduled to sample **one** storm event during the reporting year?

☐ YES Go to Section E ☐ NO Go to Section F

4. If you checked boxes ii, iv, or v, go to Section F.

E. SAMPLING AND ANALYSIS RESULTS

1. How many storm events did you sample? 8 If less than 2, **attach explanation** (if you checked item D.2.i or iii. above, only attach explanation if you answer "0").

2. Did you collect storm water samples from the first storm of the wet season that produced a discharge during scheduled facility operating hours? (Section B.5 of the General Permit)

☐ YES ☒ NO, **attach explanation** (Please note that if you do not sample the first storm event, you are still required to sample 2 storm events)

3. How many storm water discharge locations are at your facility? 3

4. For each storm event sampled, did you collect and analyze a sample from each of the facilitys' storm water discharge locations? [X] YES, go to Item E.6 [ ] NO

5. Was sample collection or analysis reduced in accordance with Section B.7.d of the General Permit? [ ] YES [ ] NO, **attach explanation**

   If "YES", **attach documentation** supporting your determination that two or more drainage areas are substantially identical.

   Date facility's drainage areas were last evaluated _____

6. Were all samples collected during the first hour of discharge? [ ] YES [X] NO, **attach explanation**

7. Was all storm water sampling preceded by three (3) working days without a storm water discharge? [X] YES [ ] NO, **attach explanation**

8. Were there any discharges of stormwater that had been temporarily stored or contained? (such as from a pond) [ ] YES [X] NO, go to Item E.10

9. Did you collect and analyze samples of temporarily stored or contained storm water discharges from two storm events? (or one storm event if you checked Item D.2.i or iii. above) [ ] YES [ ] NO, **attach explanation**

10. Section B.5. of the General Permit requires you to analyze storm water samples for pH, Total Suspended Solids (TSS), Specific Conductance (SC), Total Organic Carbon (TOC) or Oil and Grease (O&G), other pollutants likely to be present in storm water discharges in significant quantities, and analytical parameters listed in Table D of the General Permit.

    a. Does Table D contain any additional parameters related to your facility's SIC code(s)? [X] YES [ ] NO, Go to Item E.11

    b. Did you analyze all storm water samples for the applicable parameters listed in Table D? [ ] YES [X] NO

    c. If you did not analyze all storm water samples for the applicable Table D parameters, check one of the *following reasons*:

    _____ In prior sampling years, the parameter(s) have not been detected in significant quantities from two consecutive sampling events. **Attach explanation**

    _____ The parameter(s) is not likely to be present in storm water discharges and authorized non-storm water discharges in significant quantities based upon the facility operator's evaluation. **Attach explanation**

    ✓ Other. **Attach explanation**

11. For each storm event sampled, attach a copy of the laboratory analytical reports and report the sampling and analysis results using **Form 1** or its equivalent. The following must be provided for each sample collected:

- Date and time of sample collection
- Name and title of sampler.
- Parameters tested.
- Name of analytical testing laboratory.
- Discharge location identification.
- Testing results.
- Test methods used.
- Test detection limits.
- Date of testing.
- Copies of the laboratory analytical results.

F. QUARTERLY VISUAL OBSERVATIONS

1. **Authorized Non-Storm Water Discharges**
Section B.3.b of the General Permit requires quarterly visual observations of all authorized non-storm water discharges and their sources.

a. Do authorized non-storm water discharges occur at your facility?

☐ YES ☒ NO *Go to Item F.2*

b. Indicate whether you visually observed all authorized non-storm water discharges and their sources during the quarters when they were discharged. **Attach an explanation for any "NO" answers.** Indicate "N/A" for quarters without any authorized non-storm water discharges.

July -September ☐ YES ☐ NO ☐ N/A October-December ☐ YES ☐ NO ☐ N/A

January-March ☐ YES ☐ NO ☐ N/A April-June ☐ YES ☐ NO ☐ N/A

c. Use **Form 2** to report quarterly visual observations of authorized non-storm water discharges or provide the following information.

i. name of each authorized non-storm water discharge
ii. date and time of observation
iii. source and location of each authorized non-storm water discharge
iv. characteristics of the discharge at its source and impacted drainage area/discharge location
v. name, title, and signature of observer
vi. any new or revised BMPs necessary to reduce or prevent pollutants in authorized non-storm water discharges. Provide new or revised BMP implementation date.

2. **Unauthorized Non-Storm Water Discharges**
Section B.3.a of the General Permit requires quarterly visual observations of all drainage areas to detect the presence of unauthorized non-storm water discharges and their sources.

a. Indicate whether you visually observed all drainage areas to detect the presence of unauthorized non-storm water discharges and their sources. **Attach an explanation for any "NO" answers.**

July -September ☒ YES ☐ NO October-December ☒ YES ☐ NO

January-March ☒ YES ☐ NO April-June ☒ YES ☐ NO

b. Based upon the quarterly visual observations, were any unauthorized non-storm water discharges detected?

☒ YES ☐ NO *Go to item F.2.d*

c. Have each of the unauthorized non-storm water discharges been eliminated or permitted?

☒ YES ☐ NO **Attach explanation**

d. Use **Form 3** to report quarterly unauthorized non-storm water discharge visual observations or provide the following information.

i. name of each unauthorized non-storm water discharge.
ii. date and time of observation.
iii. source and location of each unauthorized non-storm water discharge.
iv. characteristics of the discharge at its source and impacted drainage area/discharge location.
v. name, title, and signature of observer.
vi. any corrective actions necessary to eliminate the source of each unauthorized non-storm water discharge and to clean impacted drainage areas. Provide date unauthorized non-storm water discharge(s) was eliminated or scheduled to be eliminated.

G. MONTHLY WET SEASON VISUAL OBSERVATIONS

Section B.4.a of the General Permit requires you to conduct monthly visual observations of storm water discharges at all storm water discharge locations during the wet season. These observations shall occur during the first hour of discharge or, in the case of temporarily stored or contained storm water, at the time of discharge.

1. Indicate below whether monthly visual observations of storm water discharges occurred at all discharge locations. **Attach an explanation for any "NO" answers.** Include in this explanation whether any eligible storm events occurred during scheduled facility operating hours that did not result in a storm water discharge, and provide the date, time, name and title of the person who observed that there was no storm water discharge.

	YES	NO		YES	NO
October	[X]	[ ]	February	[X]	[ ]
November	[ ]	[X]	March	[X]	[ ]
December	[X]	[ ]	April	[ ]	[X]
January	[X]	[ ]	May	[ ]	[X]

2. Report monthly wet season visual observations using **Form 4** or provide the following information.

   a. date, time, and location of observation
   b. name and title of observer
   c. characteristics of the discharge (i.e., odor, color, etc.) and source of any pollutants observed.
   d. any new or revised BMPs necessary to reduce or prevent pollutants in storm water discharges. *Provide new or revised BMP implementation date.*

ANNUAL COMPREHENSIVE SITE COMPLIANCE EVALUATION (ACSCE)

H. ACSCE CHECKLIST

Section A.9 of the General Permit requires the facility operator to conduct one ACSCE in each reporting period (July 1-June 30). Evaluations must be conducted within 8-16 months of each other. The SWPPP and monitoring program shall be revised and implemented, as necessary, within 90 days of the evaluation. The checklist below includes the minimum steps necessary to complete a ACSCE. Indicate whether you have performed each step below. **Attach an explanation for any "NO" answers.**

1. Have you inspected all potential pollutant sources and industrial activities areas? [X] YES [ ] NO
   The following areas should be inspected:

   - areas where spills and leaks have occured during the last year.
   - outdoor wash and rinse areas.
   - process/manufacturing areas.
   - loading, unloading, and transfer areas.
   - waste storage/disposal areas.
   - dust/particulate generating areas.
   - erosion areas.
   - building repair, remodeling, and construction
   - material storage areas
   - vehicle/equipment storage areas
   - truck parking and access areas
   - rooftop equipment areas
   - vehicle fueling/maintenance areas
   - non-storm water discharge generating areas

2. Have you reviewed your SWPPP to assure that its BMPs address existing potential pollutant sources and industrial activities areas? [X] YES [ ] NO

3. Have you inspected the entire facility to verify that the SWPPP's site map, is up-to-date? The following site map items should be verified: [X] YES [ ] NO

   - facility boundaries
   - outline of all storm water drainage areas
   - areas impacted by run-on
   - storm water discharges locations
   - storm water collection and conveyance system
   - structural control measures such as catch basins, berms, containment areas, oil/water separators, etc.

4. Have you reviewed all General Permit compliance records generated since the last annual evaluation? [X] YES [ ] NO

The following records should be reviewed:

- quarterly authorized non-storm water discharge visual observations
- monthly storm water discharge visual observation
- records of spills/leaks and associated clean-up/response activities
- quarterly unauthorized non-storm water discharge visual observations
- Sampling and Analysis records
- preventative maintenance inspection and maintenance records

5. Have you reviewed the major elements of the SWPPP to assure compliance with the General Permit? [X] YES [ ] NO

The following SWPPP items should be reviewed:

- pollution prevention team
- list of significant materials
- description of potential pollutant sources
- assessment of potential pollutant sources
- identification and description of the BMPs to be implemented for each potential pollutant source

6. Have you reviewed your SWPPP to assure that a) the BMPs are adequate in reducing or preventing pollutants in storm water discharges and authorized non-storm water discharges, and b) the BMPs are being implemented? [X] YES [ ] NO

The following BMP categories should be reviewed:

- good housekeeping practices
- spill response
- employee training
- erosion control
- quality assurance
- preventative maintenance
- material handling and storage practices
- waste handling/storage
- structural BMPs

7. Has all material handling equipment and equipment needed to implement the SWPPP been inspected? [X] YES [ ] NO

I. ACSCE EVALUATION REPORT

The facility operator is required to provide an evaluation report that includes:

- identification of personnel performing the evaluation
- the date(s) of the evaluation
- necessary SWPPP revisions
- schedule for implementing SWPPP revisions
- any incidents of non-compliance and the corrective actions taken.

Use **Form 5** to report the results of your evaluation or develop an equivalent form.

J. ACSCE CERTIFICATION

The facility operator is required to certify compliance with the Industrial Activities Storm Water General Permit. To certify compliance, both the SWPPP and Monitoring Program must be up to date and be fully implemented.

Based upon your ACSCE, do you certify compliance with the Industrial Activities Storm Water General Permit? [X] YES [ ] NO

If you answered "NO" **attach an explanation** to the ACSCE Evaluation Report why you are not in compliance with the Industrial Activities Storm Water General Permit.

ATTACHMENT SUMMARY

Answer the questions below to help you determine what should be attached to this annual report. Answer NA (Not Applicable) to questions 2-4 if you are not required to provide those attachments.

1. Have you attached Forms 1,2,3,4, and 5 or their equivalent?	☒ YES (Mandatory)		
2. If you conducted sampling and analysis, have you attached the laboratory analytical reports?	☒ YES	☐ NO	☐ NA
3. If you checked box II, III, IV, or V in item D.2 of this Annual Report, have you attached the first page of the appropriate certifications?	☐ YES	☐ NO	☒ NA
4. Have you attached an explanation for each "NO" answer in items E.1, E.2, E.5-E.7, E.9, E.10.c, F.1.b, F.2.a, F.2.c, G.1, H.1-H.7, or J?	☒ YES	☐ NO	☐ NA

ANNUAL REPORT CERTIFICATION

I am duly authorized to sign reports required by the INDUSTRIAL ACTIVITIES STORM WATER GENERAL PERMIT (see Standard Provision C.9) and I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to ensure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those person directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.

Printed Name: _____

Signature: _____ Date: _____

Title: _____

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ANNUAL REPORT

SIDE A

FORM 1-SAMPLING & ANALYSIS RESULTS

FIRST STORM EVENT

- If analytical results are less than the detection limit (or non detectable), show the value as less than the numerical value of the detection limit (example: <.05)
- If you did not analyze for a required parameter, do not report "0". Instead, leave the appropriate box blank.
- When analysis is done using portable analysis (such as portable pH meters, SC meters, etc.), indicate "PA" in the appropriate test method used box.
- Make additional copies of this form as necessary.

NAME OF PERSON COLLECTING SAMPLE(S): Matthew Erler TITLE: Engineer SIGNATURE:

DESCRIBE DISCHARGE LOCATION Example: NW Out Fall	DATE/TIME OF SAMPLE COLLECTION	TIME DISCHARGE STARTED	ANALYTICAL RESULTS For First Storm Event									
			BASIC PARAMETERS					OTHER PARAMETERS				TOTAL
			pH	TSS	SC	O&G	TOC	Ni	Ag	Zn	Cu	VOCs
NW Corner of North Parking Area	01/28/2005 ☒ AM 09:35 ☐ PM	☒ AM 09:00 ☐ PM	6.55	189	110	1.300	48	0.010	<0.001	0.075	0.118	0.030
Gate Between Building A and Building B	01/28/2005 ☒ AM 10:10 ☐ PM	☒ AM 09:00 ☐ PM	6.47	31	59	1.300	13	0.009	<0.001	1.860	3.170	0.057
Gate Between Building D and Site Trailer	01/28/2005 ☒ AM 10:35 ☐ PM	☒ AM 09:00 ☐ PM	6.48	278	170	2.100	19	0.018	<0.001	1.130	0.471	0.043
NW Corner of North Parking Area	02/11/2005 ☒ AM 07:50 ☐ PM	☒ AM 02:00 ☐ PM	6.37	24	58	0.410	11	0.004	<0.001	0.0396	0.035	None Detected
TEST REPORTING UNITS:			pH Units	mg/l	umho/cm	mg/l	mg/l	mg/l	mg/l	mg/l	mg/l	mg/l
TEST METHOD DETECTION LIMIT:			0.01	1.0	1.0	0.05	0.5	0.001	0.001	0.005	0.001	Varies 0.0005 to 0.1
TEST METHOD USED:			EPA 150.1	EPA 160.2	EPA 120.1	8015M	EPA 415.1	6020	6020	6020	6020	8260
ANALYZED BY (SELF/LAB):			LAB	LAB	LAB	LAB	LAB	LAB	LAB	LAB	LAB	LAB

TSS - Total Suspended Solids SC - Specific Conductance O&G - Oil & Grease TOC - Total Organic Carbon

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SIDE B

FORM 1-SAMPLING & ANALYSIS RESULTS

SECOND STORM EVENT

- If analytical results are less than the detection limit (or non detectable), show the value as less than the numerical value of the detection limit (example: <.05)
- If you did not analyze for a required parameter, do not report "0". Instead, leave the appropriate box blank
- When analysis is done using portable analysis, (such as portable pH meters, SC meters, etc.), indicate "PA" in the appropriate test method used box.
- Make additional copies of this form as necessary.

NAME OF PERSON COLLECTING SAMPLE(S): Matthew Erler TITLE: Engineer SIGNATURE:

DESCRIBE DISCHARGE LOCATION Example: NW Out Fall	DATE/TIME OF SAMPLE COLLECTION	TIME DISCHARGE STARTED	ANALYTICAL RESULTS For First Storm Event									
			BASIC PARAMETERS					OTHER PARAMETERS				TOTAL
			pH	TSS	SC	O&G	TOC	Ni	Ag	Zn	Cu	VOCs
Gate Between Building A and Building B	02/11/2005 ☒ AM 08:25 ☐ PM	☒ AM 02:00 ☐ PM	6.95	23	37	0.700	5.2	0.003	<0.001	0.213	0.111	0.230
Gate Between Building D and Site Trailer	02/11/2005 ☒ AM 08:50 ☐ PM	☒ AM 02:00 ☐ PM	5.57	408	84	0.660	7.8	0.014	<0.001	0.579	0.379	None Detected
	☐ AM ☐ PM	☐ AM ☐ PM										
	☐ AM ☐ PM	☐ AM ☐ PM										
TEST REPORTING UNITS:			pH Units	mg/l	umho/cm	mg/l	mg/l	mg/l	mg/l	mg/l	mg/l	mg/l
TEST METHOD DETECTION LIMIT:			0.01	1.0	1.0	0.05	0.5	0.001	0.001	0.005	0.001	Varies 0.0005 to 0.1
TEST METHOD USED:			EPA 150.1	EPA 160.2	EPA 120.1	8015M	EPA 415.1	6020	6020	6020	6020	8260
ANALYZED BY: (SELF/LAB):			LAB	LAB	LAB	LAB	LAB	LAB	LAB	LAB	LAB	LAB

TSS - Total Suspended Solids SC - Specific Conductance O&G - Oil & Grease TOC - Total Organic Carbon

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SIDE A

FORM 2-QUARTERLY VISUAL OBSERVATIONS OF AUTHORIZED NON-STORM WATER DISCHARGES (NSWDs)

- Quarterly dry weather visual observations are required of each authorized NSWD.
- Observe each authorized NSWD source, impacted drainage area, and discharge location.
- Authorized NSWDs must meet the conditions provided in Section D (pages 5-6), of the General Permit.
- Make additional copies of this form as necessary.

QUARTER: **JULY-SEPT.** DATE: NA	**Observers Name:** _____ **Title:** _____ **Signature:** _____	WERE ANY AUTHORIZED NSWDs DISCHARGED DURING THIS QUARTER? ☐ YES ☐ NO If YES, complete reverse side of this form.
QUARTER: **OCT.-DEC.** DATE: NA	**Observers Name:** _____ **Title:** _____ **Signature:** _____	**WERE ANY AUTHORIZED NSWDs DISCHARGED DURING THIS QUARTER?** ☐ YES ☐ NO If YES, complete reverse side of this form.
QUARTER: **JAN.-MARCH** DATE: *NA*	**Observers Name:** _____ **Title:** _____ **Signature:** _____	**WERE ANY AUTHORIZED NSWDs DISCHARGED DURING THIS QUARTER?** ☐ YES ☐ NO If YES, complete reverse side of this form.
QUARTER: **APRIL-JUNE** DATE: NA	**Observers Name:** _____ **Title:** _____ **Signature:** _____	**WERE ANY AUTHORIZED NSWDs DISCHARGED DURING THIS QUARTER?** ☐ YES ☐ NO If YES, complete reverse side of this form.

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SIDE B

FORM 2-QUARTERLY VISUAL OBSERVATIONS OF AUTHORIZED NON-STORM WATER DISCHARGES (NSWDs)

DATE /TIME OF OBSERVATION	SOURCE AND LOCATION OF AUTHORIZED NSWD EXAMPLE: Air conditioner Units on Building C	NAME OF AUTHORIZED NSWD EXAMPLE: Air conditioner condensate	DESCRIBE AUTHORIZED NSWD CHARACTERISTICS Indicate whether authorized NSWD is clear, cloudy, or discolored, causing staining, contains floating objects or an oil sheen, has odors, etc.		DESCRIBE ANY REVISED OR NEW BMPs AND PROVIDE THEIR IMPLEMENTATION DATE
			At the NSWD Source	At the NSWD Drainage Area and Discharge Location	
NA ____ ☐ AM ☐ PM					
NA ____ ☐ AM ☐ PM					
NA ____ ☐ AM ☐ PM					
NA ____ ☐ AM ☐ PM					
NA ____ ☐ AM ☐ PM					

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SIDE A

FORM 3-QUARTERLY VISUAL OBSERVATIONS OF UNAUTHORIZED NON-STORM WATER DISCHARGES (NSWDs)

- Unauthorized NSWDs are discharges (such as wash or rinse waters) that do not meet the conditions provided in Section D (pages 5-6) of the General Permit.
- Quarterly visual observations are required to observe current and detect prior unauthorized NSWDs.
- Quarterly visual observations are required during dry weather and at all facility drainage areas.
- Each unauthorized NSWD source, impacted drainage area, and discharge location must be identified and observed.
- Unauthorized NSWDs that can not be eliminated within 90 days of observation must be reported to the Regional Board in accordance with Section A.10.e of the General Permit.
- Make additional copies of this form as necessary.

QUARTER: JULY-SEPT. DATE/TIME OF OBSERVATIONS 9/9/05 11:00 ☒ AM ☐ PM	Observers Name: Matthew Erler Title: Engineer Signature:	WERE UNAUTHORIZED NSWDs OBSERVED? ☐ YES ☒ NO WERE THERE INDICATIONS OF PRIOR UNAUTHORIZED NSWDs? ☐ YES ☒ NO	If YES to either question, complete reverse side.
QUARTER: OCT.-DEC. DATE/TIME OF OBSERVATIONS 12/3/05 03:00 ☐ AM ☒ PM	Observers Name: Matthew Erler Title: Engineer Signature:	WERE UNAUTHORIZED NSWDs OBSERVED? ☐ YES ☒ NO WERE THERE INDICATIONS OF PRIOR UNAUTHORIZED NSWDs? ☐ YES ☒ NO	If YES to either question, complete reverse side.
QUARTER: JAN.-MARCH DATE/TIME OF OBSERVATIONS 3/17/05 12:00 ☐ AM ☒ PM	Observers Name: Matthew Erler Title: Engineer Signature:	WERE UNAUTHORIZED NSWDs OBSERVED? ☐ YES ☒ NO WERE THERE INDICATIONS OF PRIOR UNAUTHORIZED NSWDs? ☐ YES ☒ NO	If YES to either question, complete reverse side.
QUARTER: APRIL-JUNE DATE/TIME OF OBSERVATIONS 5/6/05 12:30 ☐ AM ☒ PM	Observers Name: Matthew Erler Title: Engineer Signature:	WERE UNAUTHORIZED NSWDs OBSERVED? ☐ YES ☒ NO WERE THERE INDICATIONS OF PRIOR UNAUTHORIZED NSWDs? ☐ YES ☒ NO	If YES to either question, complete reverse side.

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SIDE B

FORM 3 QUARTERLY VISUAL OBSERVATIONS OF UNAUTHORIZED NON-STORM WATER DISCHARGES (NSWDs)

OBSERVATION DATE (FROM REVERSE SIDE)	NAME OF UNAUTHORIZED NSWD EXAMPLE: Vehicle Wash Water	SOURCE AND LOCATION OF UNAUTHORIZED NSWD EXAMPLE: NW Corner of Parking Lot	DESCRIBE UNAUTHORIZED NSWD CHARACTERISTICS Indicate whether unauthorized NSWD is clear, cloudy, discolored, causing stains; contains floating objects or an oil sheen, has odors, etc.		DESCRIBE CORRECTIVE ACTIONS TO ELIMINATE UNAUTHORIZED NSWD AND TO CLEAN IMPACTED DRAINAGE AREAS. PROVIDE UNAUTHORIZED NSWD ELIMINATION DATE.
			AT THE UNAUTHORIZED NSWD SOURCE	AT THE UNAUTHORIZED NSWD AREA AND DISCHARGE LOCATION	
NA ____ ☐ AM ☐ PM					
NA ____ ☐ AM ☐ PM					
NA ____ ☐ AM ☐ PM					
NA ____ ☐ AM ☐ PM					

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ANNUAL REPORT

FORM 4-MONTHLY VISUAL OBSERVATIONS OF

SIDE A

STORM WATER DISCHARGES

- Storm water discharge visual observations are required for at least one storm event per month between October 1 and May 31.
- Visual observations must be conducted during the first hour of discharge at all discharge locations.
- Discharges of temporarily stored or contained storm water must be observed at the time of discharge.
- Indicate "None" in the first column of this form if you did not conduct a monthly visual observation.
- Make additional copies of this form as necessary.
- Until a monthly visual observation is made, record any eligible storm events that do not result in a storm water discharge and note the date, time, name, and title of who observed there was no storm water discharge.

Observation Date: October 17 2004 Observers Name: Matthew Erler Title: Engineer Signature:	Drainage Location Description	#1 NW Corner of North Parking Area	#2 Gate Between Bldg A and Bldg B	#3 Gate Between Bldg D and Site Trailer	#4
	Observation Time	7:50 ☐ P.M. ☒ A.M.	8:15 ☐ P.M. ☒ A.M.	8:25 ☐ P.M. ☒ A.M.	☐ P.M. ☐ A.M.
	Time Discharge Began	10/16/05 10:00 ☒ P.M. ☐ A.M.	10/16/05 10:00 ☒ P.M. ☐ A.M.	10/16/05 10:00 ☒ P.M. ☐ A.M.	☐ P.M. ☐ A.M.
	Were Pollutants Observed (If yes, complete reverse side)	YES ☐ NO ☒	YES ☐ NO ☒	YES ☐ NO ☒	YES ☐ NO ☐
Observation Date: November 11 2004 Observers Name: Matthew Erler Title: Engineer Signature:	Drainage Location Description	#1 NW Corner of North Parking Area	#2 Gate Between Bldg A and Bldg B	#3 Gate Between Bldg D and Site Trailer	#4
	Observation Time	10:15 ☐ P.M. ☒ A.M.	10:15 ☐ P.M. ☒ A.M.	10:15 ☐ P.M. ☒ A.M.	☐ P.M. ☐ A.M.
	Time Discharge Began	No Discharge ☐ P.M. ☐ A.M.	No Discharge ☐ P.M. ☐ A.M.	No Discharge ☐ P.M. ☐ A.M.	☐ P.M. ☐ A.M.
	Were Pollutants Observed (If yes, complete reverse side)	YES ☐ NO ☐	YES ☐ NO ☐	YES ☐ NO ☐	YES ☐ NO ☐
Observation Date: December 5 2004 Observers Name: Matthew Erler Title: Engineer Signature:	Drainage Location Description	#1 NW Corner of North Parking Area	#2 Gate Between Bldg A and Bldg B	#3 Gate Between Bldg D and Site Trailer	#4
	Observation Time	1:20 ☒ P.M. ☐ A.M.	2:05 ☒ P.M. ☐ A.M.	2:20 ☒ P.M. ☐ A.M.	☐ P.M. ☐ A.M.
	Time Discharge Began	1:00 ☒ P.M. ☐ A.M.	1:00 ☒ P.M. ☐ A.M.	1:00 ☒ P.M. ☐ A.M.	☐ P.M. ☐ A.M.
	Were Pollutants Observed (If yes, complete reverse side)	YES ☐ NO ☒	YES ☐ NO ☒	YES ☐ NO ☒	YES ☐ NO ☐
Observation Date: January 28 2005 Observers Name: Matthew Erler Title: Engineer Signature:	Drainage Location Description	#1 NW Corner of North Parking Area	#2 Gate Between Bldg A and Bldg B	#3 Gate Between Bldg D and Site Trailer	#4
	Observation Time	9:35 ☐ P.M. ☒ A.M.	10:10 ☐ P.M. ☒ A.M.	10:35 ☐ P.M. ☒ A.M.	☐ P.M. ☐ A.M.
	Time Discharge Began	9:00 ☐ P.M. ☒ A.M.	9:00 ☐ P.M. ☒ A.M.	9:00 ☐ P.M. ☒ A.M.	☐ P.M. ☐ A.M.
	Were Pollutants Observed (If yes, complete reverse side)	YES ☐ NO ☒	YES ☐ NO ☒	YES ☐ NO ☒	YES ☐ NO ☐

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SIDE B

FORM 4-MONTHLY VISUAL OBSERVATIONS OF STORM WATER DISCHARGES

DATE/TIME OF OBSERVATION (From Reverse Side)	DRAINAGE AREA DESCRIPTION EXAMPLE: Discharge from material storage Area #2	DESCRIBE STORM WATER DISCHARGE CHARACTERISTICS Indicate whether storm water discharge is clear, cloudy, or discolored; causing staining; containing floating objects or an oil sheen, has odors, etc.	IDENTIFY AND DESCRIBE SOURCE(S) OF POLLUTANTS EXAMPLE: Oil sheen caused by oil dripped by trucks in vehicle maintenance area.	DESCRIBE ANY REVISED OR NEW BMPs AND THEIR DATE OF IMPLEMENTATION
NA ____ ☐ AM ☐ PM				
NA ____ ☐ AM ☐ PM				
NA ____ ☐ AM ☐ PM				
NA ____ ☐ AM ☐ PM				
NA NA ☐ AM ☐ PM				

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FORM 4 (Continued)-MONTHLY VISUAL OBSERVATIONS OF STORM WATER DISCHARGES

SIDE A

- Storm water discharge visual observations are required for at least one storm event per month between October 1 and May 31.
- Visual observations must be conducted during the first hour of discharge at all discharge locations.
- Discharges of temporarily stored or contained storm water must be observed at the time of discharge.
- Indicate "None" in the first column of this form if you did not conduct a monthly visual observation.
- Make additional copies of this form as necessary.
- Until a monthly visual observation is made, record any eligible storm events that do not result in a storm water discharge and note the date, time, name, and title of who observed there was no storm water discharge.

Observation Date: February 11 2005 Observers Name: Matthew Erler Title: Engineer Signature:	Drainage Location Description	#1 NW Corner of North Parking Area	#2 Gate Between Bldg A and Bldg B	#3 Gate Between Bldg D and Site Trailer	#4
	Observation Time	7:50 ☐ P.M. ☒ A.M.	8:25 ☐ P.M. ☒ A.M.	8:50 ☐ P.M. ☒ A.M.	☐ P.M. ☐ A.M.
	Time Discharge Began	2:00 ☐ P.M. ☒ A.M.	2:00 ☐ P.M. ☒ A.M.	2:00 ☐ P.M. ☒ A.M.	☐ P.M. ☐ A.M.
	Were Pollutants Observed (If yes, complete reverse side)	YES ☐ NO ☒	YES ☐ NO ☒	YES ☐ NO ☒	YES ☐ NO ☐
Observation Date: March 22 2005 Observers Name: Matthew Erler Title: Engineer Signature:	Drainage Location Description	#1 NW Corner of North Parking Area	#2 Gate Between Bldg A and Bldg B	#3 Gate Between Bldg D and Site Trailer	#4
	Observation Time	4:30 ☒ P.M. ☐ A.M.	4:30 ☒ P.M. ☐ A.M.	4:30 ☒ P.M. ☐ A.M.	☐ P.M. ☐ A.M.
	Time Discharge Began	3:30 ☒ P.M. ☐ A.M.	3:30 ☒ P.M. ☐ A.M.	3:30 ☒ P.M. ☐ A.M.	☐ P.M. ☐ A.M.
	Were Pollutants Observed (If yes, complete reverse side)	YES ☐ NO ☒	YES ☐ NO ☒	YES ☐ NO ☒	YES ☐ NO ☐
Observation Date: April 7 2005 Observers Name: Matthew Erler Title: Engineer Signature:	Drainage Location Description	#1 NW Corner of North Parking Area	#2 Gate Between Bldg A and Bldg B	#3 Gate Between Bldg D and Site Trailer	#4
	Observation Time	3:30 ☒ P.M. ☐ A.M.	3:30 ☒ P.M. ☐ A.M.	3:30 ☒ P.M. ☐ A.M.	☐ P.M. ☐ A.M.
	Time Discharge Began	No Discharge ☐ P.M. ☐ A.M.	No Discharge ☐ P.M. ☐ A.M.	No Discharge ☐ P.M. ☐ A.M.	☐ P.M. ☐ A.M.
	Were Pollutants Observed (If yes, complete reverse side)	YES ☐ NO ☐	YES ☐ NO ☐	YES ☐ NO ☐	YES ☐ NO ☐
Observation Date: May 5 2005 Observers Name: Matthew Erler Title: Engineer Signature:	Drainage Location Description	#1 NW Corner of North Parking Area	#2 Gate Between Bldg A and Bldg B	#3 Gate Between Bldg D and Site Trailer	#4
	Observation Time	2:00 ☒ P.M. ☐ A.M.	2:00 ☒ P.M. ☐ A.M.	2:00 ☒ P.M. ☐ A.M.	☐ P.M. ☐ A.M.
	Time Discharge Began	No Discharge ☐ P.M. ☐ A.M.	No Discharge ☐ P.M. ☐ A.M.	No Discharge ☐ P.M. ☐ A.M.	☐ P.M. ☐ A.M.
	Were Pollutants Observed (If yes, complete reverse side)	YES ☐ NO ☐	YES ☐ NO ☐	YES ☐ NO ☐	YES ☐ NO ☐

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ANNUAL REPORT

SIDE B

FORM 4 (Continued)-MONTHLY VISUAL OBSERVATIONS OF STORM WATER DISCHARGES

DATE/TIME OF OBSERVATION (From Reverse Side)	DRAINAGE AREA DESCRIPTION EXAMPLE: Discharge from material storage Area #2	DESCRIBE STORM WATER DISCHARGE CHARACTERISTICS Indicate whether storm water discharge is clear, cloudy, or discolored; causing staining; containing floating objects or an oil sheen, has odors, etc.	IDENTIFY AND DESCRIBE SOURCE(S) OF POLLUTANTS EXAMPLE: Oil sheen caused by oil dripped by trucks in vehicle maintenance area.	DESCRIBE ANY REVISED OR NEW BMPs AND THEIR DATE OF IMPLEMENTATION
NA ☐ AM ☐ PM				
NA ☐ AM ☐ PM				
NA ☐ AM ☐ PM				
NA ☐ AM ☐ PM				
NA ☐ AM ☐ PM				

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SIDE A

FORM 5-ANNUAL COMPREHENSIVE SITE COMPLIANCE EVALUATION
POTENTIAL POLLUTANT SOURCE/INDUSTRIAL ACTIVITY BMP STATUS

EVALUATION DATE: 05/06/2005 INSPECTOR NAME: Matthew Erler TITLE: Engineer SIGNATURE:

POTENTIAL POLLUTANT SOURCE/INDUSTRIAL ACTIVITY AREA (as identified in your SWPPP)			Describe deficiencies in BMPs or BMP implementation	Describe additional/revised BMPs or corrective actions and their date(s) of implementation
Known Soil Contamination	HAVE ANY BMPs NOT BEEN FULLY IMPLEMENTED? ☐YES ☒NO	If yes, to either question, complete the next two columns of this form		
	ARE ADDITIONAL/REVISED BMPs NECESSARY? ☐YES ☒NO			
POTENTIAL POLLUTANT SOURCE/INDUSTRIAL ACTIVITY AREA (as identified in your SWPPP)			Describe deficiencies in BMPs or BMP implementation	Describe additional/revised BMPs or corrective actions and their date(s) of implementation
Materials Used or Generated During Project	HAVE ANY BMPs NOT BEEN FULLY IMPLEMENTED? ☐YES ☒NO	If yes, to either question, complete the next two columns of this form		
	ARE ADDITIONAL/REVISED BMPs NECESSARY? ☐YES ☒NO			
POTENTIAL POLLUTANT SOURCE/INDUSTRIAL ACTIVITY AREA (as identified in your SWPPP)			Describe deficiencies in BMPs or BMP implementation	Describe additional/revised BMPs or corrective actions and their date(s) of implementation
Accidental Discharges	HAVE ANY BMPs NOT BEEN FULLY IMPLEMENTED? ☐YES ☒NO	If yes, to either question, complete the next two columns of this form		
	ARE ADDITIONAL/REVISED BMPs NECESSARY? ☐YES ☒NO			
POTENTIAL POLLUTANT SOURCE/INDUSTRIAL ACTIVITY AREA (as identified in your SWPPP)			Describe deficiencies in BMPs or BMP implementation	Describe additional/revised BMPs or corrective actions and their date(s) of implementation
	HAVE ANY BMPs NOT BEEN FULLY IMPLEMENTED? ☐YES ☐NO	If yes, to either question, complete the next two columns of this form		
	ARE ADDITIONAL/REVISED BMPs NECESSARY? ☐YES ☐NO			

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SIDE B

FORM 5 (Continued)-ANNUAL COMPREHENSIVE SITE COMPLIANCE EVALUATION
POTENTIAL POLLUTANT SOURCE/INDUSTRIAL ACTIVITY BMP STATUS

EVALUATION DATE: __________ INSPECTOR NAME: ______________________ TITLE: ____________________ SIGNATURE: ____________________

POTENTIAL POLLUTANT SOURCE/INDUSTRIAL ACTIVITY AREA (as identified in your SWPPP)	HAVE ANY BMPs NOT BEEN FULLY IMPLEMENTED? ☐YES ☐NO ARE ADDITIONAL/REVISED BMPs NECESSARY? ☐YES ☐NO	If yes, to either question, complete the next two columns of this form	Describe deficiencies in BMPs or BMP implementation	Describe additional/revised BMPs or corrective actions and their date(s) of implementation
POTENTIAL POLLUTANT SOURCE/INDUSTRIAL ACTIVITY AREA (as identified in your SWPPP)	HAVE ANY BMPs NOT BEEN FULLY IMPLEMENTED? ☐YES ☐NO ARE ADDITIONAL/REVISED BMPs NECESSARY? ☐YES ☐NO	If yes, to either question, complete the next two columns of this form	Describe deficiencies in BMPs or BMP implementation	Describe additional/revised BMPs or corrective actions and their date(s) of implementation
POTENTIAL POLLUTANT SOURCE/INDUSTRIAL ACTIVITY AREA (as identified in your SWPPP)	HAVE ANY BMPs NOT BEEN FULLY IMPLEMENTED? ☐YES ☐NO ARE ADDITIONAL/REVISED BMPs NECESSARY? ☐YES ☐NO	If yes, to either question, complete the next two columns of this form	Describe deficiencies in BMPs or BMP implementation	Describe additional/revised BMPs or corrective actions and their date(s) of implementation
POTENTIAL POLLUTANT SOURCE/INDUSTRIAL ACTIVITY AREA (as identified in your SWPPP)	HAVE ANY BMPs NOT BEEN FULLY IMPLEMENTED? ☐YES ☐NO ARE ADDITIONAL/REVISED BMPs NECESSARY? ☐YES ☐NO	If yes, to either question, complete the next two columns of this form	Describe deficiencies in BMPs or BMP implementation	Describe additional/revised BMPs or corrective actions and their date(s) of implementation

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Explanation of each "NO" answer and other comments for the 2004-2005 Annual Stormwater Report

E1. Samples collected on two occasions (1/28/05 and 2/11/05) were analyzed for parameters required under both the industrial and construction permits for the site. An additional six samples (10/17/04, 10/26/04, 12/5/04, 12/28/04, 2/18/05, and 3/22/05) were collected and analyzed for parameters required under the construction permit only.

E2. The facility was not in operation and did not have any industrial activities in the entire report year. However, a sample was collected during the first storm (10/17/04) and was analyzed for parameters under the construction permit because the only activities at the site were construction operations.

E6. Samples were collected after the first hour of discharge if there was insufficient discharge for sample collection during the first hour or if the first hour occurred at night.

E10c. Because there was no industrial activity at the Site during the past year, we understand that sampling for Table D parameters was not required. However, as explained at E1 above, samples were collected pursuant to the construction permit and on two occasions these samples were analyzed for parameters required under the site's industrial permit.

Form 1 – Results for the basic and other analytical parameters are shown for the two sampling events that included parameters required under the industrial permit (1/28/05 and 2/11/05).

In accordance with the SWPPP prepared for construction activities, all analytical results are retained at the site. At the request of the Regional Water Quality Control Board, results of sampling for the first four stormwater sampling events (10/17/04 through 12/28/04) were submitted in a memorandum from Erler & Kalinowski, Inc. dated 11 January 2005.

F2b. Although not related to industrial activity, there were some small discharges of dust control water during construction activities. Corrective measures were implemented to stop such discharges.

G1. During November, April, and May, rainfall events did not result in discharge or the discharge was insufficient for the collection of samples.